

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITIVE	INITIALS	NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	13/	11/1
RESPONSE FORMALITY REVIEW	T2	599 948	02/04/02 01/10/02

INDEX OF CLAIMS

_____ Rejected
 _____ Allowed
 (Through numeral) Canceled
 _____ Restricted
 _____ Non-elected
 _____ Interference
 _____ Appeal
 _____ Objected

Claim	Final	Original	Claim	Final	Original	Claim	Final	Original
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If more than 150 claims or 10 actions
staple additional sheet here

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050
To-40-70
01/10/10